

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09 / 0000093	FILING DATE			
CLAIMS							APPLICANT(S)				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5		4					55				
6		4					56				
7		4					57				
8		4					58				
9		4					59				
10		4					60				
11		4					61				
12		(1)					62				
13		(1)					63				
14	1						64				
15		(1)					65				
16		(1)					66				
17		(1)					67				
18		(1)					68				
19		(1)					69				
20		(1)					70				
21		(1)					71				
22		(1)					72				
23		(1)					73				
24		(1)					74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	39						TOTAL DEP.				
TOTAL CLAIMS	41						TOTAL CLAIMS				